



7/18/03
8/1/03

PATENT
Attorney Docket No. 12-0887

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 09/448,175)
Filing Date: November 24, 1999)
Inventor(s): Hanna S-H Hsu, et al.)
Group Art Unit: 2634)
Examiner Name: Odom, Curtis B.)
Customer No.: 27160)
Title: POLYPHASE FILTER WITH)
STACK SHIFT CAPABILITY)

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

August 6, 2003
Date

John S. Panagoulas
John S. Panagoulas
Registration No. 31,051
Attorney for Applicant(s)

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

AMENDMENT

Sir:

In response to the Official Action mailed on April 7, 2003, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



PATENT APPLICATION

Attorney Docket No. 12-0887

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hanna S-H Hsu, et al.
Application No.: 09/448,175
Filed: November 24, 1999
For: POLYPHASE FILTER WITH STACK SHIFT CAPABILITY
Group Art Unit: 2634
Examiner: Odom, Curtis B.
Customer No.: 27160

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August 6, 2003

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John S. Paniaguas
John S. Paniaguas
Registration No. 31,051
Attorney for Applicant(s)

AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ A paper requesting correction/substitution of drawings is attached.

2. Fee for Claims

☒ No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total		Minus	-	x 9	-	x 18	-
Indep.		Minus	-	x 42	-	x 84	-
Fee for Multiple Dependent Claims				+140		+280	-
TOTAL ADDITIONAL FEES						OR	

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3. Method of Payment of Fees

- () Enclosed is our firm check in the amount of: \$ _____
- () Charge \$ _____ to Deposit Account No. 50-1214.

4. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.

Respectfully Submitted,

August 6, 2003
(Date)

By:

John S. Paniaguas
John S. Paniaguas
Registration No. 31,051

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